

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2020
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NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH), in accordance with Washington Administrative Code (WAC) 246-320 Hospital Licensing Regulations, conducted this complaint investigation.</p> <p>Off-site administrative review dates: 10/15/2020, 12/01/20-12/10/20 Intake number: 102595 Case number: 2020-10107</p> <p>The investigation was conducted by:</p> <p>Investigator # 37396</p> <p>There were violations of WAC 246-322 found pertinent to this complaint.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: * The regulation number and/or the tag number; * HOW the deficiency will be corrected; * WHO is responsible for making the correction; * WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed.</p> <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. The Plan of Correction is due on 12/30/2020.</p> <p>4. Sign and return the Statement of Deficiencies via email as directed in the cover letter.</p>	
L 325	<p>322-035.1E POLICIES-ABUSE PROTECTION</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (e) Protecting against abuse and neglect and reporting suspected incidents according to the provisions of chapters 71.05, 71.34, 74.34 and 26.44 RCW;</p>	L 325	<p>322-035.1E POLICIES-ABUSE PROTECTION</p> <p>How CNO/Designee is educating and training all Nursing staff via the unit communication binder. Education and Training is also being completed via all nursing staff meeting. The Director of Social Services educated all social services staff via in-person meeting and staff emails. The Chief Medical Officer provided education and training to</p>	

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Soni Helmicki Dir. of Risk 2/2/2021

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L 325	<p>Continued From page 1</p> <p>This Washington Administrative Code is not met as evidenced by: Based on interview, record review, and policy and procedure review, the hospital failed develop and implement policies and procedures that protected patients from abuse for 2 of 2 medical records reviewed (Patient #1, #2).</p> <p>Failure to protect patients from abuse compromises patients' mental and physical health and safety.</p> <p>Findings included:</p> <p>Item #1- Sexual Safety Precautions</p> <p>1. Review of the facility's policy titled "Sexual Safety Precautions," number CS.SSP.101 revised 10/02/19, showed that:</p> <p>a. Staff will assess patients at admission and throughout hospitalization for indicators of sexual vulnerability and sexual violence towards others. The risk assessment consists of the nurse documenting yes or no answers to questions, which is a patient self assessment rather than a staff assessment.</p> <p>b. RNs will assess and institute the appropriate precaution and interventions ...Depending on the assessed risk the identified intervention will be implemented as ordered by the provider.</p> <p>c. The policy contains separate lists of interventions for high risk and medium risk precautions. Both risk level precautions include nursing staff having the patient sign a "no touch" contract. A "No Touch" contract is not included as a policy addendum.</p>	L 325	<p>Continued From Page 1</p> <p>all physicians via in-person meeting.</p> <p>Who The Chief Nursing Officer with the assistance of Nurse Managers is educating all nursing and intake services staff (RNs and MHTs). The Director of Social Services educated all social services. The Chief Medical Officer provided education and training to all physicians.</p> <p>What</p> <p>The Chief Nursing Officer with the assistance of Nurse Managers and House Supervisors is training and educating all nursing staff (RNs and MHTs) on hospital specific Sexual Precautions and Transgender Bed Assignments policies. This education includes the following:</p> <ol style="list-style-type: none"> 1. Documentation of communication and response of physician notification when there is a contradiction between patient's SAO history and patient's current response to SAO Risk Assessment 2. No touch Contract 3. Documentation of physician order for continuation or discontinuation of Level of SAO observation and precautions 4. Documentation of date and reason for room change 5. Documentation of treatment plan update for patients on SAO precautions <p>-The Director of Social Services educated all social services staff on the Sexual Precautions and Transgender Bed Assignment policies. This education included SAO treatment plan for patient with history of SAO behaviors and update of treatment plan post SAO behavior.</p>	
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L 325	<p>Continued From page 2</p> <p>d. The policy does not give direction for what sources to use to obtain the information required to perform and record an accurate risk assessment.</p> <p>2. Record review of medical record documentation showed that:</p> <p>Patient #1</p> <p>a. Patient #1 was on one-to-one (1:1) monitoring during their stay for a history of sexually assaulting staff.</p> <p>b. The "Psychiatry Consult Progress Note," dated 05/25/20, stated "Remains on 1:1 sitter for their safety and safety of the staffAlso notes urges to grab onto any male, as part of hypersexuality and releasing sexual tension though also in part to harm the male person "</p> <p>c. The "Psychiatry Consult Progress Note," dated 05/26/20, stated "History of becoming dysregulated and sexually assaultive towards staff on inpatient psychiatric units.... However due to their active SI (suicidal ideation), history of assault and elopement, with little ability to engage in safety planning, we still think [Patient #1] would benefit from continued 1:1 observation for now and psychiatric hospitalization when a bed is available".</p> <p>d. The "Psychiatric Evaluation," dated 05/27/20, stated "The patient describes impulsive and hypersexuality towards males. [Patient #1] states that in the past they assaulted a staff member ...while in the psychiatric unit, stating that they 'grabbed his crotch'. [Patient #1] states they grabbed his crotch 3 times due to command auditory hallucinations that [they] should do that</p>	L 325	<p>Continued From Page 2</p> <p>-The Director of Social Services implemented a "no touch" contract form. The Director of Social Services educated all social services staff on completing the no touch contract form with patients that have sexually acting behaviors. The social services staff will engage the patient with prior or existing SAO behaviors to sign the "no touch" contract.</p> <p>-Chief Nursing Officer is purchasing communication white boards for all units. This communication board will be updated each shift by the charge nurse with names of patients, room numbers, and level of observation and precautions. The color for Sexual Aggressor precaution is Purple and Sexual Victim is Orange. This communication board is in place in the nurses unit for unit staff to clearly identify patient precautions while making room changes. The CNO with the assistance of Nurse Managers is training/educating all nursing staff (RNs and MHTs) on the white board. This communication board is in place in the nurses unit for unit staff to clearly identify patient precautions while making room changes. The CNO with the assistance of Nurse Managers is training/educating all nursing staff (RNs and MHTs) on the white board.</p> <p>-The Director of Risk updated unit rules to include the following statement: This is a NO TOUCH unit. No physical contact is permitted (e.g. touching, holding hands, hugging, kissing or any form of sexual activity). Please use appropriate boundaries: <u>2 feet distance between all patients and staff</u>. The updated unit rules are posted on the units where patients can easily read.</p> <p>-The Director of Risk updated the Sexual Safety Precautions policy to match the current practice of the hospital. This Policy was approved by the Medical Executive Committee.</p>

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L 325	<p>Continued From page 3</p> <p>...was discharged because of that event ... [Patient #1] states ...a long history of sexually acting out behaviors and aggression towards others ...was sent to ...Juvenile Detention because of charges regarding assault with sexual motivation when Patient #1 was 15 years old."</p> <p>e. The "Psychiatric Evaluation," dated 05/27/20, stated "The patient describes impulsive and hypersexuality towards males. Patient #1 states that in the past [they] assaulted a staff member ...while in the psychiatric unit, stating that [they] 'grabbed his [crotch]'. [Patient #1] states they grabbed his crotch 3 times due to command auditory hallucinations that they should do that ...was discharged because of that event ...Patient #1 states ...a long history of sexually acting out behaviors and aggression towards others ...was sent to ...Juvenile Detention because of charges regarding assault with sexual motivation when Patient #1 was 15 years old."</p> <p>3. Patient #1 was transferred to Cascade Behavioral Health Hospital on 05/27/2020 and admitted involuntarily. Record review of medical documentation showed that:</p> <p>a.The "Sexual Acting Out (SAO) Risk Assessment and Sexual Victimization (SXV) Risk Assessment," not dated, showed that the patient's answers to the assessment questions contradicted their history when they answered "no" to each question asked, including when asked if they had a history of sexually violent behavior or impulsive sexual behavior. The document assesses the patient to be no/low risk for sexually acting out and sexual victimization. Based on Patient #1's answers, they were not placed on SAO or SVX precautions. The patient's documented history of sexually acting out should</p>	L 325	<p>Continued From page 3</p> <p>-The Chief Medical Officer educated all physicians on clearly documenting the reasoning for SAO precautions and level of observations in the patient chart. This education included documentation of physician order for change in level observation rounds.</p> <p>When</p> <p>The Chief Nursing Officer/designee began providing training and education to all nursing staff (RNs and MHTs) on 11/28/20. Nursing staff training will be completed on 12/05/2020. The Director of Social services provided education and training to all services staff on 11/12/2020, 11/17/2020 and 11/27/2020. The Chief Medical Officer provided training to all physician on 11/25/2020. The Director of Risk updated the Sexual Safety Precautions Policy to match the current practice on 2/2/2021. This policy was approved by Ad-Hoc Medical Executive Committee on 2/2/2021.</p> <p>Evaluation Method</p> <p>The Nursing Documentation Audit (Live chart audit tool) was updated to include elements above. The charge nurse during the treatment team meeting will review the charts daily, to ensure the documentation is present and any errors will be notified to the nursing administration immediately.</p> <p>30 charts will be audited monthly. The results of these audits will be submitted to Quality committee and Medical Executive Committee and reported up to the Governing Board meetings. Audits will continue monthly until a goal of 95% compliance is achieved for 3 consecutive months.</p>	

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L 325	<p>Continued From page 4</p> <p>have triggered a "high risk" assessment.</p> <p>b. The "Practitioner Order Sheets" showed an order dated 05/27/20 that stated, "Start SAO." The level of sexually acting out precautions to be implemented is not identified.</p> <p>c. The "Psychiatric Progress Note," dated 05/28/20 at 2:00 PM, shows an order which stated, "Start q [every] 5 min checks for SAO behaviors & passive thought to harm staff".</p> <p>d. Patient Observations logs indicated every 15-minute checks completed for 05/26/20 - 05/28/20 until 3:45 PM, then every 5-minute checks were completed through 06/04/20. No Patient Observations logs were found for 06/05/20 and beyond. No order to discontinue the every 5-minute checks was found in the record.</p> <p>e. The Nursing Assessment Progress Note, dated 06/01/20 5:23 PM, showed that the patient stated, "I want to hurt a male staff if you guys don't put me on 1:1."</p> <p>f. The "Individual Session," dated 06/02/20 2:20 PM, stated "When asked if Patient #1 was having thoughts of hurting other people, Patient #1 stated that they were and that they have urges to grab at the crotches of male patients ...[Patient #1] stated, 'I can control them most of the time but I already had one incident and the staff don't even care.' Patient #1 stated that they were placed on a 1:1 after the incident happened but that they are no longer on it and that they wish they were because they feel safer on a 1:1." No documentation of provider notification regarding Patient #1's request to be placed on 1:1 monitoring was found and no documentation explaining why the patient was not placed on 1:1</p>	L 325		
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L 325	<p>Continued From page 5</p> <p>monitoring was found.</p> <p>g. A "No Touch" contract was not present in the record of Pt. #1.</p> <p>Patient #2</p> <p>1. Patient #2 was transferred to Cascade Behavioral Health Hospital on 07/03/20 and admitted involuntarily. Record review of medical documentation showed that:</p> <p>a Patient #2 was classified as a Level 1 sex offender.</p> <p>b. The "Sexual Acting Out (SAO) Risk Assessment" and the "Sexual Victimization (SXV) Risk Assessment", dated 07/03/20, showed that the patient answered "no" to each question regarding sexual acting out, including when asked if they had a history of sexually violent behavior or impulsive sexual behavior. Classification as a Level I sex offender should have triggered a "high risk" assessment, but the patient was classified as a low risk for sexually acting out. In response to the sexual victimization portion of the assessment, the patient answered "yes" when asked if they had a history of sexual trauma or repeated victimization and showed a clear disregard for their own individual safety, had a recent history of impulsive sexual behavior, and repeatedly invaded other's personal space or had been the recent victim of domestic violence. The document assessed the patient to be a no/low risk for sexual acting out, and medium risk for sexual victimization.</p> <p>c. The "Psychiatric Evaluation," dated 07/04/20, stated "The patient has a history for being level 1 sex offender ...has been placed on SAO</p>	L 325		

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L 325	<p>Continued From page 6</p> <p>precaution due to having history for being a level 1 sex offender."</p> <p>d. The "Nursing Reassessment Progress Notes" dated 07/06/20 4:40 PM, stated, "Has multiple ... altercation with peer and needs constant reassurance and restriction."</p> <p>e. The "Social Work/Activity Therapy Group Progress Note" dated 07/08/20 for group titled "Defense Mechanisms," stated, "Pt. demonstrated limited insight ...identifying their defense mechanisms as 'weed, rough sex, carving my face.'"</p> <p>f. The "Practitioner Order Sheet," dated 07/05/20 5:20 PM, showed an order for "SAOPrecaution." The level of sexually acting out precautions to be implemented was not identified.</p> <p>g. A "No Touch" contract was not present in the record of Pt. #2.</p> <p>3.Interviews showed the following:</p> <p>a. During individual interviews with the investigator on 10/15/20 beginning at approximately 11:45 AM, Registered Nurses(RN) (Staff D, E, F) each stated that they review documentation that accompanies patients to the facility. Each RN further stated that if a patient gives answers to the SAO and SXV questions that conflict with their documented history each RN stated that they would contact the provider. There was no documentation of provider notification found in the record.</p> <p>b. During an interview on 10/15/20 at 11:42 AM, a Registered Nurse (RN) (Staff D) stated that she</p>	L 325		
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L 325	<p>Continued From page 7</p> <p>was familiar with the idea of "no touch" contract but had never done one.</p> <p>c. During an interview on 10/15/20 at 12:04 PM, a Registered Nurse (RN) (Staff E) stated that they educate and encourage patients not to touch other patients and tell them that this is the policy.</p> <p>d. During an interview on 10/15/20 at 12:29 PM, a Registered Nurse (RN) (Staff F) stated that they teach the patients verbally but don't have them sign anything.</p> <p>e. On 10/09/20 a copy of the "no touch" contract was requested by email. On 10/09/20 the Interim Risk Director (Staff A), responded "Unfortunately, we do not have a particular form to address the "no touch" contract yet. However, this is something that I mentioned in the most recent SAO prevention PI [Performance Improvement] meeting for this hospital on 9/28/2020 ...This is due to be discussed in the October Medical Executive Meeting."</p> <p>Item #2- Room assignments</p> <p>1. Review of the facility's policy and procedure, "Transgender Bed Assignment" dated 01/2018, showed that "Proper allocation of bed assignments are determined by the Intake Department in coordination with the Nursing UnitsThe hospital will provide safe and appropriate room assignments to all patients irrespective of race, ethnicity, religion, age, sex, sexual orientation, gender identity or expression, disability or any other basis prohibited by Federal, State or Local Law."</p> <p>2. Record review showed the following:</p>	L 325		

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L 325	<p>Continued From page 8</p> <p>a. Patient #1, an involuntarily detained transgendered male patient, admitted to the facility on 05/26/20, had a history of sexually assaulting male staff.</p> <p>b. Patient #2, an involuntarily detained male patient, admitted to the facility 07/03/20 was a Level 1 sex offender.</p> <p>c. Review of Patient #1 and #2's clinical records showed no evidence of a note regarding when or why Patient 1 and Patient #2 were re-roomed together.</p> <p>3. Interviews showed that:</p> <p>a. On 10/15/20 beginning at approximately 11:30 AM, both Intake Specialists (Staff C, G) stated that the criteria for unit room assignments are gender and bed availability and that the unit nurses are responsible for any further adjustments once the patient is on the floor.</p> <p>b. During individual interviews on 10/15/20 beginning at approximately 11:42 AM, Registered Nurses (Staff D, E, F) each stated that when they make a patient room change that they document it in a progress note in the patient's record. Staff D stated that if patients say they want to make a change because they want to socialize with someone or because they like someone, they do not make the change.</p> <p>c. In an interview on 12/09/20, a Risk Manager (Staff A) stated that the two patients were roomed together on 07/09/20. Staff A stated that there is no information regarding the roommate change in the "huddle book" for that day.</p> <p>d. A Registered Nurse (Staff H), was working in</p>	L 325		

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L 325	<p>Continued From page 9</p> <p>the unit on the day that the roommate change occurred. In an individual interview with the investigator on 12/09/20, Staff H stated that she doesn't remember the decision to room Pt #1 and Pt. #2 together. Staff H stated that she was aware that Patient #1 had a history of sexually aggression but that she didn't know the patient was a Level 1 sex offender. Staff H stated that roommate assignments are based on gender appropriate bed availability. Staff H stated that she remembers that transgender individuals used to be assigned to private rooms, but that now transgender individuals are assigned to room with the gender with which they identify. Staff H does not know when or why the apparent change occurred. Staff H is not aware of any other criteria other than bed availability that is used to determine room assignments.</p> <p>e. A Registered Nurse (Staff I), was working in the unit on the day that the roommate change occurred. In an interview with the investigator on 12/09/20, Staff I stated that he does not remember any decision-making process that resulted in the patients' being roomed together. Staff I stated that room assignments are based on gender appropriate bed availability and is not aware of any other criteria to be used when assigning patients to rooms. Staff I stated that he remembers that transgender individuals used to be assigned to private rooms, but that now transgender individuals are assigned to room with the gender with which they identify. Staff I did not know when or why this change occurred. Staff I stated that sometimes it is hard to know if patients have a prior history of sexually acting out, but if sexual acting out occurs while at the facility, the patients would be immediately separated, and increased monitoring would occur.</p>	L 325		

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**Cascade Behavioral Hospital
Progress Report for
Complaint Investigation
2020-10107, 12/10/2020**

Tag Number	How Corrected	Date Completed	Results of Monitoring
<p>L325</p> <p>Failure to protect patients from abuse compromises patients' mental and physical health and safety.</p>	<p>How/Who CNO/Designee educated and trained all Nursing staff via the unit communication binder. Education and Training was also completed via all nursing staff meeting. The Director of Social Services educated all social services staff via in-person meeting and staff emails. The Chief Medical Officer provided education to the providers.</p> <p>What The Chief Nursing Officer with the assistance of Nurse Managers and House Supervisors provided training and education to all nursing staff (RNs and MHTs) on hospital specific Sexual Precautions and Transgender Bed Assignments policies. This education included the following: 1. Documentation of communication and response of physician notification when there is a contradiction between patient's SAO history and patient's current response to SAO Risk Assessment 2. No touch Contract 3. Documentation of physician order for continuation or discontinuation of Level of SAO observation and precautions 4. Documentation of date and reason for room change 5. Documentation of treatment plan update for patients on SAO precautions</p> <p>-The Director of Social Services educated all social services staff on the Sexual Precautions and Transgender Bed Assignment policies. -The Director of Social Services implemented a "no touch" contract form. The Director of Social Services educated all social services staff on completing the no touch contract form with patients that have sexually acting behaviors. The social services staff will engage the patient with prior or existing SAO behaviors to sign the "no touch" contract. -Chief Nursing Officer is purchasing communication white boards for all units. This communication board will be updated each shift</p>	<p>2/2/2021 and ongoing</p>	<p>-The Director of Risk updated the Sexual Safety Precautions Policy to match the current practice on 2/2/2021. This policy was approved by Ad-Hoc Medical Executive Committee on 2/2/2021.</p> <p>- Each patient that is an identified or a potential victim or aggressor of sexual assault is discussed with all clinical leaders and providers in our daily flash meeting as well as our daily treatment team meetings. Those that are high risk of victimization or aggression are placed in 1-1 monitoring if clinically appropriate.</p> <p>-Chart Audits continue to be conducted monthly. The latest month of May 2021 revealed a 90% compliance with initial completion of the SAO section of the treatment plan, 100% compliance with any treatment plan updates for SAO precautions, and 100% compliance with patients being screened for SAO/SXV within 8 hours of admission. These standards of care will continue to be a part of our monthly audits.</p> <p>April 2021 – indicated a 100% compliance with initial completion of the SAO section of the treatment plan, 100% compliance with any treatment plan updates for SAO precautions, and 100% compliance with patients being screened for SAO/SXV within 8 hours of admission</p> <p>March 2021 – indicated a 14% compliance with initial completion of the SAO section of the treatment plan, 5% compliance with any treatment plan updates for SAO precautions, and 0% compliance with patients being screened for SAO/SXV within 8 hours of admission</p> <p>February 2021 – indicated a 29% compliance with initial completion of the SAO section of the treatment plan, 25% compliance with any treatment plan updates for SAO precautions, and 50% compliance with patients being screened for SAO/SXV within 8 hours of admission</p> <p>On April 8th 2021, former CNO facilitated 3 nursing staff meetings covering all shifts and re-educated on our audit findings and deficiencies.</p>

PROGRESS REPORT RECEIVED 6/15/21
APPROVED 6/18/21
 6/18/21
ROBIN SHAVICA

by the charge nurse with names of patients, room numbers, and level of observation and precautions. The color for Sexual Aggressor precaution is Purple and Sexual Victim is Orange. This communication board is in place in the nurses unit for unit staff to clearly identify patient precautions while making room changes. The CNO with the assistance of Nurse Managers is training/educating all nursing staff (RNs and MHTs) on the white board. This communication board is in place in the nurses unit for unit staff to clearly identify patient precautions while making room changes. The CNO with the assistance of Nurse Managers is training/educating all nursing staff (RNs and MHTs) on the white board.

- The Director of Risk updated unit rules to include the following statement: This is a **NO TOUCH** unit. No physical contact is permitted (e.g. touching, holding hands, hugging, kissing or any form of sexual activity). Please use appropriate boundaries: 2 feet distance between all patients and staff. The updated unit rules are posted on the units where patients can easily read.
- The Director of Risk updated the Sexual Safety Precautions policy to match the current practice of the hospital. This Policy was approved by the Medical Executive Committee.

The Chief Medical Officer educated all physicians on clearly documenting the reasoning for SAO precautions and level of observations in the patient chart. This education included documentation of physician order for change in level observation rounds.

When

The Chief Nursing Officer/designee began providing training and education to all nursing staff (RNs and MHTs) on 11/28/20. Nursing staff training was completed on 12/05/2020. The Director of Social services provided education and training to all services staff on 11/12/2020, 11/17/2020 and 11/27/2020. The Chief Medical Officer provided training to all physician on 11/25/2020. The Director of Risk updated the Sexual Safety Precautions Policy to match the current practice on 2/2/2021. This policy was approved by Ad-Hoc Medical Executive Committee on 2/2/2021.

Evaluation Method

The Nursing Documentation Audit (Live chart audit tool) was updated to include elements

	<p>above. The charge nurse during the treatment team meeting will review the charts daily, to ensure the documentation is present and any errors will be notified to the nursing administration immediately.</p> <p>30 charts will be audited monthly. The results of these audits will be submitted to Quality committee and Medical Executive Committee and reported up to the Governing Board meetings.</p> <p>Audits will continue monthly until a goal of 95% compliance is achieved for 3 consecutive months.</p>		
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

June 18, 2021

Cascade Behavioral Health Hospital
12844 Military Road South
Tukwila, WA 98168

RE: 102595 /2020-10107

Hello Meghna.

I conducted a state hospital licensing complaint investigation at Cascade Behavioral Hospital in October 2020. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 12/30/20.

You sent a Progress Report dated 06/15/21 that indicates all deficiencies have been corrected. The Department of Health accepts Cascade Behavioral Health Hospital's attestation that it will correct all deficiencies cited at Chapter 246-322 WAC.

We sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin Shabica".

Robin Shabica BSN, RN
DOH Nurse Investigator